

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

for the

9 District of OREGON

9 Division

Jasson Ray 11961959)

Justin Pruett 12146789)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. 6:25-cv-621 MTK

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

-v-

PSYCHIATRIC CRISIS CENTER)

Marion County Jail)
SHERIFF)

Defendant(s) NICK HUNTER

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Jasson Ray & Justin Pruett
Street Address	4000 Burnsville Highway SE
City and County	SALEM Marion County
State and Zip Code	OREGON 97317
Telephone Number	
E-mail Address	

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

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Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

PHSYCHOTRIC CRISIS CENTER
MARION COUNTY JAIL CONTRACTOR
1118 OAK ST
SALEM MARION COUNTY
OREGON 97301

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

MARION COUNTY JAIL
SHERIFF NICK HUNTER
4000 DUMSMITH HIGHWAY SE
SALEM MARION COUNTY
OREGON 97321

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

JANICE
PSYCHOLOGIST SOCIAL WORKER
1118 OAK ST
SALEM MARION COUNTY
OREGON 97301

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

MARS
PCC SOCIAL WORKER
1118 OAK ST
SALEM MARION
OREGON 97301

b. If the defendant is a corporation

The defendant, (name) Psychiatric Crisis Center, is incorporated under the laws of the State of (name) Oregon, and has its

principal place of business in the State of (name) Oregon

Or is incorporated under the laws of (foreign nation) United States

and has its principal place of business in (name) Salem Oregon

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

we are claiming 10 million dollars for the psychiatric medical malpractice and for civil rights violations directly hurting both inmates who have severe mental health diagnoses

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Both plaintiffs and inmates with severe mental health and medical needs. Both plaintiffs are locked down in 24 hour solitary confinement. Psychiatric Crisis Center was (see attached)

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

we are asking for ten million dollars for PCC and Marion County Jail to pay for causing irreversible damage to our mental health and medical

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (check all that apply)



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

Colman v Brown
 1983 Civil Rights ADA mentally ill
 inmates forced in solitary confinement

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, (name) *Jayson Ray Tugthe Plaintiff* is a citizen of the
 State of (name) *OREGON*

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated
 under the laws of the State of (name) _____,
 and has its principal place of business in the State of (name) _____

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, (name) *Psychiatric Center* is a citizen of
 the State of (name) *Oregon* Or is a citizen of
 (foreign nation) _____

Attachment For Defendants

- ① CEO OF PCC
 - ② Janice &
 - ③ mares.
 - ④ Brandy
 - ⑤ Issache
 - 6 Marion County Jail
 - 7 Sheriff Nick Hunter
 - 8 Commander Ramsey
 - 9 All Chain of Command who purposely lied and broke rules.
- marion county jail
refused names
full workers
give us PCC

Statement of claim

the contract in Marion
County Jail each day
a worker floor

PCC comes around
ask if we are suicidal
they do not help us at
all the break Hippo
Law? By talking to
our Deputy's making fun
of us. Mr Lay has
tried to commit suicide
more than 15 times

he is bipolar & psychotic
with schizophrenia Mr Pruitt
has attempted suicide
a lot. these PCC staff

do not care about our
personal mental health
care the only care about
their contracts with
marion county jail they
knowingly let the jail
staff abuse us and
keep us locked down
24 hours a day for most
Mr Pruitt lost both
his dad and brother

to locate and he also
has tried social worker
Janice told him he needs
to quit playing games
she also goaded mr Ray
by telling Deputy's he wa
crying like a baby
because of his mental
health.

Mr Ray told social worker
Mandy she is a fraudulent
Reporter she said she doesn't
want to lose their contract
with Madison County State
it's wrong to let mentally
ill inmates get ABused
knowingly by their keeper
and contribute to them
being locked down 24 hours
a day for months - also
for not getting us the
level of care we need
this Jail cannot provide
such care with 17 causing
irreversible damage to these
AIC inmates.

Continue statement of
Claim.

Also Both mental
health workers
Blady and Isaacs
Do not come Down to
med unit ever
so on the days they
are supposed to we
do not get seen.
even when Deputy's
call them.

We are not getting
mental health help at
all causing irreversible
damages to us. they
Refuse to interfeer with
any of the illegall
activities caused by
Imacion county sheriffs.

Deputy I nd Ray was
Assaulted By a Deputy
on the 2th of April.
Deputy C Hernandez.

Punched me in the
stomach Bruising my
whole stomach. I tried
Report they gave it to
the Deputy who denied it

Said I was not Breathing
so He was trying to
get me to Breathe
he lied, yes my diaphragm
stopped because i have
ALS, cough GERD disease
I should be at home
or a medical Facility
not being Abused in
Madison County Jail
Do to medical neglect
causing irreparable Damage
at the hands of
PSYCHIATRIC CRIBES center
and SHERIFF NICK Hunter

and a full Federal investigation
into the neglect by psychiatric crisis
center and Marion County Jail Deputy's
charges brought against all staff toward LORR
a Jail staff to
ABUSE mentally ill
inmates is wrong
and an ethics violation
to not treat an individual
medically or only treat
them bare minimum is
malpractice specially
when it causes
IRREVERSIBLE Damage
Both plaintiffs were
in 24 hour lock down
for over 30 days
no phone calls to their
family or lawyers
no visits no canteen
no books no nothing
because of their mental
illness behavior causing
IRREVERSIBLE Damage that's
why we are asking ten
million dollars payment for
the IRREVERSIBLE Damages
psychiatric crisis center and
Marion County Sheriff's
have caused for every hour
and every day of mental torture

Continue Of Release

We ask that the court first releases us into the care of the state hospital or court orders our release to a hospital so we can receive proper mental health ~~treatment~~ and medical treatment which we are not receiving from psychiatric crisis center or marion county jail we have a right to proper mental health and medical treatment if we are unable to receive this at marion county jail we should be released into the care of a hospital or medical & psychiatric hospital who can for a sheriff to allow a medical staff to knowingly do malpractice and for mental health to

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

4-11-25

Signature of Plaintiff

Printed Name of Plaintiff

J Ray
Jason Ray 11961959**B. For Attorneys**

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Street Address _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____